

## **MIKE BEEBE**

## ATTORNEY GENERAL OFFICE OF THE ATTORNEY GENERAL 323 CENTER STREET, Suite 200 LITTLE ROCK, AR 72201-2610 (501) 682-6150

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## PAID SOLICITOR APPLICATION FOR REGISTRATION

Pursuant to Ark. Code Ann. § 4-28-401 *et seq.*, a paid solicitor is a person or entity who, for compensation, performs for a charitable organization any service in connection with which contributions are solicited by the person or by any other person he employs, procures, or engages to solicit for compensation; or a person who at any time has custody or control of contributions. A paid solicitor must properly register with the Office of the Attorney General prior to commencing performance pursuant to the contract. Registration as a paid solicitor in the State of Arkansas must be renewed on an annual basis. Once registration is effective, it remains so for one (1) calendar year. This form should be used for such renewal.

## **INSTRUCTIONS:**

	A. Answer all items completely. This form will be returned without filing if it is incomplete, contains blank responses, or otherwise fails to comply with Ark. Code Ann. § 4-28-401 et seq.							
	В.	Include a \$200.00 annual registration fee, payable to the Office of the Attorney General.						
	C.	C. Attach a fully executed bond for \$10,000 on an appropriate form. The bond must run in favor of the Attorney General. The bond must remain current at all times for registration to remain valid.						
	D.	You must notify the Consumer Protection Division of any change(s) in the information contained in this application within thirty (30) days of any such change(s). Notification of changes must be in writing. This form should be used to notify the Consumer Protection Division of such changes.						
	E.	Attach an ex	ecuted copy of Irrevoc	eable Consent for Service.				
	F.		This form, along with a properly executed contract and all attachments, <i>must</i> be submitted <i>at least fifteen (15) days</i> prior to the paid solicitor commencing performance pursuant to the contract.					
	G.	File with:	Office of the Attor ATTN: Fund-Rai 323 Center Street Little Rock, Arka	, Suite 200	rotection Division			
1.	This	application is:	New (fee required)	Renewal (fee required)	Information change o	only (no fee required)		
2.	NAM	IE OF PAID SOI	ICITOR					
3.	PHY	SICAL ADDRES	S	CITY	STATE	ZIP CODE		
	<u>——</u>	LING ADDRESS		CITY	STATE	ZIP CODE		

		/	
DESIGNATED CONTACT PERSON		TELEPHO	ONE NUMBER
JOB TITLE / POSITION			
PERSONAL ADDRESS OF CONTACT PERSON	CITY	STATE	ZIP CODE
Names of organizations, programs or promotions, aliases, assurance which you intend to solicit contributions:	ned names, and/or fic	titious name(s) f	for your operation
(a)(b)(c)			
Other name(s), alias(es), assumed name(s), and/or fictitious nan	ne(s) by which you ha	ve ever been kn	own:
(a) (b) (c)			
Have you ever had your registration or renewal denied, surnuthority or any court? No Yes If so, explain in detail and	spended, revoked, or nd attach a copy of an	enjoined by a y such judgmen	iny governmental t, notice or order:
Have you ever been sued for fund-raising-related activities?	No Yes If so, exp	lain in detail and	attach a copy of
any such judgment, notice, and/or order for such occurrence:			
Have you ever entered into or been subject to any assurance private settlement with a government authority? \( \subseteq \text{No} \subseteq \text{Yes document:} \)	e of voluntary compl	iance, cease and	d desist order, or
Have you ever entered into or been subject to any assurance private settlement with a government authority? $\square$ No $\square$ Yes	e of voluntary complete If so, explain in det	iance, cease and ail and attach a	d desist order, or copy of any such
Have you ever entered into or been subject to any assurance private settlement with a government authority? No Yes document:  Have you (if you are an individual) ever been charged, arrested violation? No Yes If so, state the charge(s), the state	e of voluntary complete If so, explain in detection, and/or convicted of a second convicted and, if	iance, cease and ail and attach a a crime other that convicted, attached	d desist order, or copy of any such an a simple traffic h a copy of each activities?

In wh	at other states have	you acted as a paid so	licitor?			
Speci	ify the type of solicitation and/or fund-raising in which you intend to engage in the State of Arkansas:					
Пт	elephone appeals	☐ Sale of goods or	services	Combined appeals		
$\square$ S <sub>I</sub>	pecial events	Auctions		Other		
D	irect mail	Door-to-door so	icitations			
If y	our organization	will be soliciting	donations via	the Internet, please provide your We		
List t	he charitable organi	zations for whom you	will be conducting	fund-raising activities:		
a. Na	ame of corporation/e	entity				
b. Sta	ate in which registra	ant is incorporated and	or organized			
b. Sta	ate in which registra	ant is incorporated and				
b. State	ate in which registra ddress - principal pla elephone number - p the names, addre	ant is incorporated and ace of business rincipal place of businesses, and telephone in	ess (include area conumbers of all pe	rsons (including individuals, organizations		
b. State c. Acc d. Te	ate in which registral ddress - principal planter - put the names, address address at lations, associations	ant is incorporated and ace of business rincipal place of businesses, and telephone in	ess (include area conumbers of all pe			
b. State c. Acc d. Te	ate in which registral ddress - principal plants -	ant is incorporated and ace of business rincipal place of businesses, and telephone is, partnerships, and/or	ess (include area conumbers of all pe	rsons (including individuals, organizations) own a ten percent (10%) or greater intere		
b. State c. Acc d. Te  State found regist	ate in which registral dress - principal planelephone number - p the names, addrest lations, associations rant (attach addition	ant is incorporated and ace of business rincipal place of businesses, and telephone is, partnerships, and/or	ess (include area conumbers of all percorporations) who	rsons (including individuals, organizations own a ten percent (10%) or greater intere		
b. State c. Acc d. Te  State found regist	ate in which registral ddress - principal plants -	ant is incorporated and ace of business rincipal place of businesses, and telephone is, partnerships, and/or	ess (include area conumbers of all percorporations) who	rsons (including individuals, organizations) own a ten percent (10%) or greater intere		
b. State c. Acc d. Te  State found regist	ate in which registral dress - principal planelephone number - p the names, addrest lations, associations rant (attach addition	ant is incorporated and ace of business  rincipal place of businesses, and telephone is, partnerships, and/or hal sheets if necessary)	ess (include area conumbers of all percorporations) who	rsons (including individuals, organizations own a ten percent (10%) or greater intere		
b. State d. Te  State found regist	ate in which registral dress - principal place of the names, address lations, associations rant (attach addition Name  Address	ant is incorporated and ace of business  rincipal place of businesses, and telephone is, partnerships, and/or hal sheets if necessary)	ess (include area conumbers of all percorporations) who	Name  Address  Telephone number		
b. State found regist (a)	ate in which registral dress - principal place of the names, address lations, associations rant (attach addition Name  Address	ant is incorporated and ace of business  rincipal place of businesses, and telephone is, partnerships, and/or hal sheets if necessary)	ess (include area conumbers of all percorporations) who is the control of the corporation (b)	Name  Address  Telephone number		
b. State found regist (a)	ate in which registral dress - principal place lephone number - put the names, address lations, associations rant (attach addition Name  Address  Telephone number - put the names, address	ant is incorporated and ace of business  rincipal place of businesses, and telephone is, partnerships, and/or hal sheets if necessary)	ess (include area conumbers of all percorporations) who is the control of the corporation (b)	Name  Address  Telephone number		

	Provide the name(s), Social Se residence telephone number(s) (attach additional sheets if necess	of all officers, directors,				
(a)						G '1G ' N 1
	Name	Title				Social Security Number()
	Address	City		State	Zip Code	Telephone Number
(b)	<del></del>					
	Name	Title				Social Security Number
	Address	City		State	Zip Code	Telephone Number
	Name Address	Title		State	Zin Code	Social Security Number()Telephone Number
	Address	City		State	Zip Code	Telephone Number
(b)						
	Name	Title				Social Security Number
	Address	City		State	Zip Code	Telephone Number
	If you are utilizing professional t	telemarketers, provide the	follow	ing infor	mation:	
(a)	Name(s) of professional teleman	rketer(s)	(b)	Address(	es) and telepho	one number(s)

■ THE INFORMATION REQUESTED IN NUMBERS 22 AND 23 ABOVE MUST BE KEPT CURRENT. PLEASE BE SURE TO ATTACH ADDITIONAL PAGES WHEN NECESSARY TO PROPERLY AND COMPLETELY RESPOND TO ALL QUESTIONS.

I swea	ır and/or affirm under pe	enalty of law that the representations made in this application are true and accurate.
	Name of Paid Solicite	or
By:	(Signature)	
	(Printed Signature)	
	(Title/Official Position	on)
	Date Signed	
		<u>NOTARY</u>
ATE OF _	) ; ;)	SS.
OUNTY OI	F)	
	scribed and sworn to, be , , 200	fore me, a Notary Public in, and for, said County and State, this day of
		Signature of Notary Public
		Printed Signature
Commiss	ion Expires:	
/	_/	